

TOWN OF EAST LONGMEADOW, MASSACHUSETTS



REQUEST FOR WAIVER OF SITE PLAN REVIEW

Property Owner: _____

Owner's Address: _____

Owner's Telephone: _____ Business Owner's Telephone: _____

Name of Proposed Business: _____

Owner of Business: _____

Business Owner's Address: _____

*Property Address: _____

Property District _____ Allowed Use Y ____ N ____

Proposed Hours of Operation: _____

Number of Employees including owner: _____

Date of last Parking Plan with copy of same: _____
(Certified updated plan required if older than 10 years)

Summary of Business Operation: _____

***I, _____ OWNER OF SAID PROPERTY AS**

**INDICATED ABOVE, HEREBY CERTIFY THAT NO SPECIAL PERMIT HAS BEEN ISSUED FOR
THIS PROPERTY.**

Signature of Property Owner: _____ Date _____

Signature of Business Applicant: _____ Date _____

The written decision of the Board will be mailed on or before the following Monday after the meeting date.